

**FLORIDA COMMISSION ON HUMAN RELATIONS**

5 John Knox Road, Suite 240, Build. F  
Tallahassee, Florida 32303-4149

02-4175

**AMENDED CHARGE OF DISCRIMINATION**

FCHR No. 20011047 J. Moran

Name (Indicate Mr., Ms., or Mrs.)  
Sylvester Brown

Social Security #  
264-23-5328

Date of Birth  
2/21/55

Street Address  
124 Bermuda Road

Home Telephone Number (area code)  
850/385-9213

City, State, and Zip Code  
Tallahassee, FL 32312

Work (if possible to call you there)

List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.

Name  
Florida State University/Building Services

No. of Employees  
15+

Telephone No. (area code)  
850/644-6475

Street Address  
152B MMA

City, State, and Zip Code  
Tallahassee, FL 32306 - 8410

County  
Leon

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es))  
 RACE    COLOR    SEX    RELIGION    DISABILITY  
 NATIONAL ORIGIN    AGE    MARITAL STATUS    RETALIATION

DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE  
(month, day, year) 10/7/99

**THE PARTICULARS ARE** (If additional space is needed, attach extra sheet(s):

**I. Personal Harm:**

On October 7, 1999, I was terminated from my position as a Laborer.

**II. Respondent's Reason for Personal Harm:**

I was told I was being terminated for unauthorized leave.

**III. Discrimination Statement:**

I believe I have been discriminated against because of my Race - Black, Sex - Male, and Retaliation, which is in violation of Chapter 760 of the Florida Civil Rights Act as amended for the following reasons:

1. I was employed with Respondent for 24 years. During my employment I suffered from a disability, of which Respondent was aware. I did have to miss work on several occasions due to this injury. I had limitations which included my not bending over excessively. I was placed in a "light duty" position which still violated my limitations. I was not adequately accommodated for my disability. As a result of my absences, I was placed on a strict plan. Shortly before my termination I needed to pick up my son. I called and left a voice mail message on the answering machine. It was not until I returned to work that I was told I was being terminated.

I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED TO UNDER THE LAW(S).

I will advise the agency if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

Under penalties of perjury, I declare that I have read the foregoing charge of discrimination and that the facts stated in it are true.

SIGNATURE OF COMPLAINANT

DATE

*Sylvester Brown*

*02/28/2000*

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